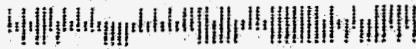


01678 FEB 17 20

DOCUMENT NUMBER-DATE

CERTIFIED MAIL



7002 0860 0001 1758 6009

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

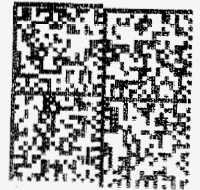
*L.N. OTZ
1-4-05*

Avant Telcom
1404 Hickock Court
Tallahassee FL 32311-9337

ORIGINAL

*(B)19 unneeded
DO9 in pad*

**RETURN TO SENDER
UNCLAIMED**



047J82004132
\$04.650
12/23/2004
Mailed From 32399
US POSTAGE

JAN 4 2005
FIRST NOTIF
9
SECOND NOTIF
19

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 041046

**RETURN TO SENDER
UNCLAIMED**
Avant Telcom
1404 Hickock Court
Tallahassee FL 32311-9337

PSC-04-1271-DAA-TC

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7002 0860 0001 1758 6009